

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10/26/04 2 Serial/Patent # 10/810,047

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		<u>10/12/84</u>	\$ 130.00
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	<u>9 20-1430</u>
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <i>Patron Grandpa</i>			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>CHARLENE GRANT</u>		TITLE: <u>Attorney</u>		
SIGNATURE: <u>Charlene Grant</u>		PHONE: <u>BO 622-3215</u>		
OFFICE: <u>PTO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>W. J. C. H.</u>		DATE: <u>Oct. 27-04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B